

COMMONWEALTH of VIRGINIA
DEPARTMENT of HEALTH
VIRGINIA OFFICE of EMERGENCY MEDICAL SERVICES

Emergency Operations Instructor Application
PLEASE PRINT or TYPE

Name: _____ SSN# _____

EMS Certification: _____ EMS Certification # _____

Mailing Address: _____ e-mail: _____
PO BOX, Street, Apt. #, etc.

_____ home phone: _____

_____ work phone: _____
City, State, Zip

Current agency affiliation: _____

Level of Instructor endorsement requested: _____

Virginia Office of Emergency Medical Services (OEMS) Emergency Operations

Training Completed:

Course:	Date:	Location:	Approval:
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OEMS MCIM I _____	_____	_____	_____
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OEMS MCIM II _____	_____	_____	_____
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OEMS MCIM V _____	_____	_____	_____
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DEM Terrorism Awareness _____	_____	_____	_____
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DEM Terrorism _____	_____	_____	_____
Tactical Considerations _____	_____	_____	_____

Task Force Member _____	_____	_____	_____
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Strike Team Member _____	_____	_____	_____
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Other Courses _____

Summary of Instructor Training:

Course/Level

Date:

Agency:
(OEMS, VAVRS, DFP, AHA, ARC, etc.)

Supporting Physician: _____
Operational Medical Director, Physician Course Director OMD Number

Applicant Signature: _____ Date: _____

REMEMBER: Attach supporting documentation and proof of certifications.

Return Application to:

Jim Nogle

Emergency Operations Assistant Manager

Va. Office of EMS

P.O. Box 2448, Suite UB-55

Richmond, Va. 23219

Fax – 804-864-7580